

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001364	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 01/31/2023
NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S ENDOSCOPY CENTER - TWIN RIVERS STATE LICENSE NUMBER: 06711501			STREET ADDRESS, CITY, STATE, ZIP CODE: 20 COMMUNITY DRIVE EASTON, PA 18045		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0000	INITIAL COMMENT	Q 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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Q 0000	Continued from page 1 This report is the result of a full Medicare recertification survey conducted onsite on January 26-27, 2023 and completed offsite on January 31, 2023, at St. Luke's Endoscopy Center-Twin Rivers. It was determined the facility was in compliance with the requirements of 42 CFR, Title 42, Part 416 - Conditions for Coverage for Ambulatory Surgical Centers. It was also determined the facility was in compliance with 42 CFR, Title 42, Part 416 - Conditions for Coverage for Ambulatory Surgical Centers at 416.51(c)(1)-(3)(i)-(x) COVID-19 Vaccination of Facility Staff.	Q 0000			

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S 0000	INITIAL COMMENT	S 0000			
	This report is the result of a State relicensure survey conducted onsite on January 26-27, 2023, and completed offsite on January 31, 2023 at St. Luke's Endoscopy Center-Twin Rivers. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.				
S 5100		S 5100			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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S 5100	Continued from page 1 555.1 CHAPTER 555 - MEDICAL STAFF 555.1 Principle There shall be an organized medical staff which is accountable to the governing body and which has responsibility for the quality of medical care provided to patients and for the ethical conduct and professional practice of its members and other practitioners who have been granted clinical privileges in the ASF. This REGULATION is not met as evidenced by:	S 5100	Twin Rivers Endoscopy Center contracts with St Luke's University Health Network for credentialing/recredentialing services. At the time of acquisition to the Network (12/31/2020), a different process was in place than is the current process (a provider was credentialed for all hospital campuses/Ambulatory surgery centers as a group and grandfathered to all campuses). It was subsequently agreed upon that this was not in alignment with regulations. The timeframe noted was included during the prior process. Date of process revision pre-dates today's date, however, as of 2/7/2023 this process is in effect: - The credentialing verification office is responsible to notify the Administrator/Patient Care Manager of the Providers/Allied Health professionals credentialing/re-credentialing each month. - The Administrator is responsible to	Completion Date: 02/09/2023 Status: APPROVED Date: 02/13/2023	

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S 5100	Continued from page 2	S 5100	<p>note an expiration and contact the credentialing verification office to determine date of privilege requisition if the person is not on the credentialing verification office list.</p> <ul style="list-style-type: none"> - The credentialing verification office is responsible for making all required documents available in the portal. - The Administrator is then responsible to assure documents are complete and within date. - The Administrator is responsible for data gathering and calling a Board Meeting. - The Twin Rivers Governing Body is responsible for reviewing data and approving or denying privilege requests. - The Administrator is responsible for communicating the approvals and Board meeting date to the credentialing verification office. - The credentialing verification office is responsible for completing Approval Letters and posting to the portal. - The Administrator is responsible to check the credentialing verification office portal to assure letters are 		

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S 5100	Continued from page 3	S 5100	posted- this is completed at 15 days (and 30 days) once the credentialing verification office is notified of the Board Meeting date.		

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S 5100	Continued from page 4 Based on review of facility Bylaws, credential files (CF) and interview with staff (EMP), it was determined the facility failed to comply with its established policy for the reappointment of physicians to the surgery center for three out of six credential files reviewed. (CF1, CF2, and CF4). Findings include: Review on January 26, 2023, of facility document "Governing Body Bylaws and Rules & Regulations- 230" , dated December 31, 2020, revealed "RESPONSIBILITIES OF THE GOVERNING BOARD [sic] ... Appoint and reappoint the Medical Staff. Assure that applicants to the medical staff are properly credentialed." Review on January 26, 2023, of facility document "Credentialing, Medical Staff- 226", dated December 31, 2020, revealed "All credentialing/re-credentialing processes are the responsibility [sic] [name of health system]." Request made on January 26, 2023, for the Governing Body Meeting Minutes which approved the reappointment of CF1, CF2, and CF4 during	S 5100			

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S 5100	Continued from page 5 the time lapse between reappointment. None provided. Review on January 26, 2023, of CF1, revealed "The Governing Board of Twin Rivers Endoscopy Center informs you that your application for clinical privileges ... have been approved ... dated October 2, 2019 This reappointment is valid from September 26, 2019 through September 26, 2021 ..." Further review revealed no documented evidence that CF1 was recredentialed after September 26, 2021 until February 28, 2022. Review on January 26, 2023, of CF2, revealed "the Governing Board of Twin Rivers Endoscopy Center informs you that your application for clinical privileges ... have been approved ... dated October 2, 2019. This reappointment is valid to September 26, 2019 through September 26, 2021..." Further review revealed no documented evidence that CF2 was recredentialed after September 26, 2021 until March 2, 2022. Review on January 26, 2023, of CF4, revealed "the Governing Board of Twin Rivers Endoscopy	S 5100			

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S 5100	Continued from page 6 Center informs you that your application for clinical privileges ... have been approved ... dated May 29, 2019. This reappointment is valid to May 20, 2019 through May 20, 2021 ..." Further review revealed no documented evidence that CF4 was recredentialed after May 20, 2021 until January 31, 2022. Interview on January 26, 2023 at 12:15 PM with EMP1 confirmed the practitioner in CF1 reappointment membership expired in September 26, 2021. EMP1 confirmed there was no documented evidence CF1 was recredentialed between September 26, 2021 through February 28, 2022. Further interview with EMP1 confirmed the practitioner in CF2 reappointment membership expired in September 26, 2021. EMP1 confirmed there was no documented evidence CF2 was recredentialed between September 26, 2021 through March 2, 2022. Further interview with EMP1 confirmed the	S 5100			

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S 5100	Continued from page 7 practitioner in CF4 reappointment membership expired in May 20, 2021. EMP1 confirmed there was no documented evidence CF2 was recredentialed between May 20, 2021 through January 31, 2022.	S 5100			



Certified End Page

ST. LUKE'S ENDOSCOPY CENTER - TWIN RIVERS

STATE LICENSE NUMBER: 06711501

SURVEY EXIT DATE: 01/31/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY